

Part-A / Control #: X

Referred To: \_\_\_\_\_

 Processed as a request.

**COOK COUNTY DEPARTMENT OF CORRECTIONS**  
**DETAINEE GRIEVANCE**

Detainee Last Name: ROUNDSFirst Name: PERCYID #: 2010-010213 Div.: 10 Living Unit: 3A Date: 1/13/11

BRIEF SUMMARY OF THE COMPLAINT: I HAVE BEEN COMPLAINING WITH MEDICAL REQUESTS & GRIEVANCES SINCE JUNE 5 2010. THE PROBLEM STILL PERSIST. I HAVE A BROKEN TOOTH AND A LOT OF NIGHTS I STAY AWAKE IN PAIN. I WAS SEEN BY THE DENTIST AND THE TOOTH WAS REMOVED 6/30/10 I WAS THEN RESCHEDULED FOR 7/1/10 WHICH ANOTHER TOOTH WAS REMOVED. THE DENTIST DENT THEN SCHEDULED ME FOR AN APPOINTMENT 8/18/10 WHICH I WAS NEVER SEEN. I FEEL I'VE BEEN PUT OFF & PUT OFF ON THIS ISSUE. I CAN'T EVEN HEAR MOST OF THE TIME IT HURTS SO BAD

NAME OF STAFF OR DETAINEE(S) HAVING INFORMATION REGARDING THIS COMPLAINT: Mrs. FREEMAN / THE MEDICAL DENT. VIA MEDICAL REQUESTS

TO BE SEEN BY THE DENTIST

ACTION THAT YOU ARE REQUESTING:

DETAINEE SIGNATURE: Percy Rounds

C.R.W.'S SIGNATURE: \_\_\_\_\_

DATE C.R.W. RECEIVED: \_\_\_\_\_

*Please note: Decisions of the "Detainee Disciplinary Hearing Board" cannot be grieved or appealed through the use of a grievance form. All appeals must be made in writing and directly submitted to the Superintendent.*

## C.C.D.O.C. DETAINEE GRIEVANCE / REFERRAL &amp; RESPONSE

\*EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF A DETAINEE\*

Detainee's Last Name: LevittFirst Name: ROSEID#: 2011-062-103Is This Grievance An Emergency? YES  NO C.R.W.'S Summary Of The Complaint: Detainee alleged being denied medical treatmentC.R.W. Referred Griev. To: Detainee Date Referred: 1/17/11Response Statement: Detainee app't on 3/2/11.(print - name of individual responding to this griev.) Detainee(signature of individual responding to this griev.) DetaineeDate: 1/24/11 Div./Dept. CTS(print - name of Sup't. Designee Dept. Admin.) Detainee(signature of Sup't. Designee Dept. Admin.) DetaineeDate: 1/28/11 Div./Dept. TSU(print - name of Prog. Serv. Admin. Ass't. Admin.) Detainee(signature of Prog. Serv. Admin. Ass't. Admin.) DetaineeDate: 1/24/11 NDate Detainee Received Response: 1/24/11Detainee Signature: Detainee

## REQUEST FOR AN APPEAL

\*APPEALS MUST BE MADE WITHIN 14 DAYS OF THE DATE THE DETAINEE RECEIVED THE RESPONSE\*

Date Detainee Request For An Appeal: 1/24/11Detainee's Basis For An Appeal: DetaineeAppeal Board's Acceptance Of Detainee's Request: YES  NO Appeal Board's Reasoning / Decision / Recommendation To The Superintendent Or Administrator: DetaineeAppeal Board's Signatures / Dates: DetaineeDate Detainee Rec'd the Appl. Bd.'s Response: 1/24/11 Detainee Signature: DetaineeGRIEVANCE CODE(S): ( ) ( ) ( ) ( )

(WHITE COPY - PROG. SERV.) (YELLOW COPY - C.R.W.) (PINK COPY - DETAINEE) (GOLDENROD COPY - DIVISION/SUPT. OFFICE)

Part-A / Control #: 2010 X 1579  
Referred To: Cermak  
 Processed as a request.

COOK COUNTY DEPARTMENT OF CORRECTIONS  
DETAINEE GRIEVANCE *Page 1 of 2*

Detainee Last Name: ROUND First Name: ROSEY  
ID #: 11-11-111 Div.:        Living Unit:        Date: 6/1/10

BRIEF SUMMARY OF THE COMPLAINT: *Re: Round Rosey to the Cermak*

*Re: Round Rosey to the Cermak*

NAME OF STAFF OR DETAINEE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

ACTION THAT YOU ARE REQUESTING:

DETAINEE SIGNATURE: *Round Rosey*

C.R.W.'S SIGNATURE: *St. John*

DATE C.R.W. RECEIVED: 6/16/10

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## C.C.D.O.C. DETAINEE GRIEVANCE / REFERRAL &amp; RESPONSE

\*EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF A DETAINEE\*

Detainee's Last Name: Rounds First Name: Percy ID#: 2010-0108113Is This Grievance An Emergency? YES  NO C.R.W.'S Summary Of The Complaint: Detainee alleges lack of dental attentionC.R.W. Referred Griev. To: Cermak Date Referred: 6/16/10

Response Statement:

Patient was scheduled for 6/23/10.SmithSmithDate: 6/30/10 Div./Dept. C 145

(print - name of individual responding to this griev.)

(signature of individual responding to this griev.)

M. MuellerM. Mueller Date: 6/30/10 Div./Dept. 10

(print - name of Supt. / Designee / Dept. Admin.)

(signature of Supt. / Designee / Dept. Admin.)

J. MuellerJ. MuellerDate: 7/1/10

(print - name of Prog. Serv. Admin./ Asst. Admin.)

(signature of Prog. Serv. Admin./ Asst. Admin.)

Date Detainee Received Response: 7/1/10Detainee Signature: Percy Rounds

## REQUEST FOR AN APPEAL

\*APPEALS MUST BE MADE WITHIN 14 DAYS OF THE DATE THE DETAINEE RECEIVED THE RESPONSE\*

Date Detainee Request For An Appeal: 7/18/10Detainee's Basis For An Appeal: Bill have a broken toothAppeal Board's Acceptance Of Detainee's Request: YES  NO 

Appeal Board's Reasoning / Decision / Recommendation To The Superintendent Or Administrator:

His dentist, please ensure that detainee's emergency issues(s) are or have been addressed appropriately.

Appeal Board's Signatures / Dates:

J. Mueller6/30/10Date Detainee Rec.'d the Appl. Bd.'s Response: 7/1/10 Detainee Signature: Percy Rounds

GRIEVANCE CODE(S): (      ) (      ) (      ) (      )

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Part-A / Control # 200 X1709  
Referred To: Cernak  
 Processed as a request.

## COOK COUNTY DEPARTMENT OF CORRECTIONS DETAINEE GRIEVANCE

Detainee Last Name: ROUNDS First Name: PERCY  
ID #: 2010-0108113 Div.: 10 Living Unit: 3-A Date: 6/25/12

BRIEF SUMMARY OF THE COMPLAINT: 3rd GRIEVANCE. I HAVE A CHIPPED TOOTH AND IT'S CUTTING THE INSIDE OF MY JAW. NOW IT HAS A ABSCESS ON IT TOO. I HAVE SENT 5 OR MORE MEDICAL REQUEST REQUEST SLIP'S SINCE FEB STILL NOTHIN HAS BEEN DONE.

SOCIAL WORKER GRM + MED clinic

NAME OF STAFF OR DETAINEE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

GETTING TO THE DENTIST

ACTION THAT YOU ARE REQUESTING:

DETAINEE SIGNATURE:

C.R.W.'S SIGNATURE:

DATE C.R.W. RECEIVED:

*Please note: Decisions of the "Detainee Disciplinary Hearing Board" cannot be grieved or appealed through the use of a grievance form. All appeals must be made in writing and directly submitted to the Superintendent.*

## C.C.D.O.C. DETAINEE GRIEVANCE / REFERRAL &amp; RESPONSE

\*EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF A DETAINEE\*

Detainee's Last Name: RoundsFirst Name: Percy ID# 2010-0108113Is This Grievance An Emergency? YES NO 

C.R.W.'S Summary Of The Complaint:

Detainee alleges a lack of  
denial attentionC.R.W. Referred Griev. To: CernakDate Referred: 6/28/10

Response Statement:

Seen 6/30/10 - Dental as scheduled for 7/1/10.

(print - name of individual responding to this griev.)

Capt. C. Plaisted

(print - name of Supt. / Designee / Dept. Admin.)

J. M. Miller

(print - name of Prog. Serv. Admin./ Asst. Admin.)

(signature of individual responding to this griev.)

Capt. C. Plaisted

(signature of Supt. / Designee / Dept. Admin.)

J. M. Miller

(signature of Prog. Serv. Admin./ Asst. Admin.)

Date: 7/29/10 Div./Dept. CHSDate: 7/26/10 Div./Dept. TEADate: 7/20/10 Div./Dept. N

Date Detainee Received Response:

Detainee Signature: Percy Rounds

## REQUEST FOR AN APPEAL

\*APPEALS MUST BE MADE WITHIN 14 DAYS OF THE DATE THE DETAINEE RECEIVED THE RESPONSE\*

Date Detainee Request For An Appeal: 7/1/10Detainee's Basis For An Appeal: The denial of dental treatment.Appeal Board's Acceptance Of Detainee's Request: YES NO 

Appeal Board's Reasoning / Decision / Recommendation To The Superintendent Or Administrator:

CHS admin, please ensure that detainee's dental issues are  
and to have them addressed appropriately.

Appeal Board's Signatures / Dates:

J. M. Miller7/30/10Date Detainee Rec'd the Appl. Bd.'s Response: 7/1/10 Detainee Signature: Percy Rounds

GRIEVANCE CODE(S): ( ) ( ) ( ) ( )

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Part A / Control # 300 X 767  
 Referred To: Corrections  
 Processed as a request

## COOK COUNTY DEPARTMENT OF CORRECTIONS DETAINEE GRIEVANCE

Detainee Last Name: ROUNDSFirst Name: PERCYID #: 2010-0168113 Div.: 10 Living Unit: 3A Date: 6/30/2010

BRIEF SUMMARY OF THE COMPLAINT: 4<sup>th</sup> GRIEVANCE. I HAVE BEEN PUTTING IN MEDICAL REQUESTS SINCE FEB 2010 TO THE DENTIST DEPT. STILL UNTIL THIS DAY 6-30-2010 NOTHING HAS BEEN DONE. I HAVE A BROKEN TOOTH THAT'S CAUSING ME GREAT PAIN. SOME TIMES IT KEEPS ME UP ALL NIGHT. THEN I HAVE ANOTHER TOOTH THAT HAS AN ABSCESS IN MY JUMPS. I WAS PRESCRIBED ANTIBIOTICS BUT IT WAS STOPPED TWO MONTHS AGO. IT HAS SINCE RETURNED AND I WAS TOLD IF THE ABSCESS BURST AND I HAD TO SWALLOW THE INFECTION IT COULD GIVE ME TO BECOME VERY ILL.

MEDICAL CLINIC & SOCIAL WORKER MS. GRAM  
 NAME OF STAFF OR DETAINEE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

TO BE SEEN BY A DENTIST

ACTION THAT YOU ARE REQUESTING:

DETAINEE SIGNATURE: Percy RoundsC.R.W.'S SIGNATURE: Lk JohnsonDATE C.R.W. RECEIVED: 7/8/10

**Please note: Decisions of the "Detainee Disciplinary Hearing Board" cannot be grieved or appealed through the use of a grievance form. All appeals must be made in writing and directly submitted to the Superintendent.**



Referred To: Cookson

Processed as a request.

**COOK COUNTY DEPARTMENT OF CORRECTIONS  
DETAINEE GRIEVANCE**

Detainee Last Name: ROUNDS

First Name: Kerry

ID #: 300-108113 Div.: 10 Living Unit: 3-A Date: 2/16/10

BRIEF SUMMARY OF THE COMPLAINT: I HAVE BEEN TRYING TO  
GET TO THE DENTIST SINCE FEB. I PUT IN  
MEDICAL REQUEST SLIPS TIME AND TIME AGAIN.  
BUT THERE SLIPS LEFT IN MY FILE OF THE  
DENTIST DEPT. TAKEN IN THE PAST DATES ARE  
BEING. IT'S TAKING THE DENTIST DEPT. TO LONG TO SEE  
ME. I WROTE MY FIRST GRIEVANCE IN EARLY JUNE  
BECAUSE I WANTED TO SEE WHEN I WAS GOING TO BE  
SEEN. BUT I PUT IN MORE THAN A FEW MEDICAL  
REQUEST SLIPS

## Medical Clinic

NAME OF STAFF OR DETAINEE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

I WANT TO KNOW IF MY REQUESTS ARE DOCUMENTED  
ACTION THAT YOU ARE REQUESTING:

1960-1961

**DETAINEE SIGNATURE:**

C.R.W.'S SIGNATURE.

DATE C.R.W. RECEIVED: 2/29/10

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## C.C.D.O.C. DETAINEE GRIEVANCE / REFERRAL &amp; RESPONSE

\*EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF A DETAINEE

Detainee's Last Name: RoundsFirst Name: Percy ID# 2010-070913Is This Grievance An Emergency? YES  NO C.R.W.'S Summary Of The Complaint: Detainee alleges lack of medical treatmentC.R.W. Referred Griev. To: CermakDate Referred: 7/1/2010

## Response Statement:

Detainee called for 6/23/10, seen 6/23/10, scheduled 7/7/10  
visit for Dental 8/12/10

(print - name of individual responding to this griev.)

Date: 7/28/10 Div./Dept. C1B

(signature of individual responding to this griev.)

(print - name of Supt. / Designee / Dept. Admin.)

Date: 08/08/10 Div./Dept. TEN

(signature of Supt. / Designee / Dept. Admin.)

(print - name of Prog. Serv. Admin. / Asst. Admin.)

Date: 7/29/10 N

(signature of Prog. Serv. Admin. / Asst. Admin.)

Date Detainee Received Response: 7/1/10Detainee Signature: Percy

## REQUEST FOR AN APPEAL

\*APPEALS MUST BE MADE WITHIN 14 DAYS OF THE DATE THE DETAINEE RECEIVED THE RESPONSE\*

Date Detainee Request For An Appeal: 7/1/10Detainee's Basis For An Appeal: Detainee alleges lack of medical treatmentAppeal Board's Acceptance Of Detainee's Request: YES  NO 

Appeal Board's Reasoning / Decision / Recommendation To The Superintendent Or Administrator:

Detainee's appeal request has been referred to the Superintendent for review and consideration.

Appeal Board's Signatures / Dates:

M. Muller7/1/2010Date Detainee Rec.'d the Appl. Bd.'s Response: 7/1/10 Detainee Signature: PercyGRIEVANCE CODE(S): (     ) (     ) (     ) (     )

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